

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>  |            | Docket Number (Optional)<br>NNFF-1 CON |             |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |  |        |       |          |   |        |        |             |
|--|------------|--|-------------|--|------------|-------------------------|--|--|-------|------|----------|---|-------|-------|----------|---|--------|-------|----------|--|--------|-------|----------|---|--------|--------|-------------|
| Application Number 10/692,537  |            | Filed October 24, 2003                 |             |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |  |        |       |          |   |        |        |             |
| For METHOD FOR THE DETERMINATION OF DATA FOR THE PREPARATION OF THE DIAGNOSIS OF PHAKOMATOSIS  |            |  |             |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |  |        |       |          |   |        |        |             |
| Art Unit 1637  |            | Examiner Y. J. Kim                     |             |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |  |        |       |          |   |        |        |             |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175</td> <td style="text-align: center;">\$ 1,175.00</td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 06-1075 (Order No. 105195-0002-102).</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 100px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 100px;"><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p style="margin-left: 100px;"><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34 61,315</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">_____<br/>/Joanne M. Holland/<br/>Signature</p> <p style="text-align: center;">Joanne M. Holland, Ph.D.<br/>Typed or printed name</p> </div> <div style="width: 45%;"> <p style="text-align: center;">_____<br/>December 29, 2009<br/>Date</p> <p style="text-align: center;">_____<br/>(617) 951-7126<br/>Telephone Number</p> </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of 1 forms are submitted.</p> |            |  |             |  | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$ _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$ _____ | <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | \$ 1,175.00 |
|  | <u>Fee</u> | <u>Small Entity Fee</u>                |             |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |  |        |       |          |   |        |        |             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$130      | \$65                                   | \$ _____    |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |  |        |       |          |   |        |        |             |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$490      | \$245                                  | \$ _____    |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |  |        |       |          |   |        |        |             |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1110     | \$555                                  | \$ _____    |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |  |        |       |          |   |        |        |             |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1730     | \$865                                  | \$ _____    |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |  |        |       |          |   |        |        |             |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350     | \$1175                                 | \$ 1,175.00 |  |            |                         |  |  |       |      |          |   |       |       |          |   |        |       |          |  |        |       |          |   |        |        |             |